



## TOGETHER WE CAN BE HEARD!

**Join the DC Youth Advisory Council and Help Influence Change in the District!**

The DC Youth Advisory Council (DCYAC) was created by Youth and District Officials in order for young people throughout the District to have an ongoing voice in the policies, programs and actions within the city. The DCYAC is responsible for influencing change on legislation and policies that impact youth, and for creating more youth and adult partnerships. DCYAC is made up of 32 diverse members from across the District ranging in age from 13-22.



### Application Process

Any youth resident of the District of Columbia between the age of 13-22, who has lived in the District for at least one year may apply for membership in the DCYAC. Applications must be mailed, faxed or hand delivered to the DCYAC Selection Committee by **Friday, July 2nd, 2004**. This includes two recommendations - one from a peer between the ages of 13-22 and one from an adult - neither of the recommendations can be from a relative. Council members will be notified of their selection in mid-July. The DCYAC will sponsor a mandatory retreat for all members in August.

DCYAC members will be chosen by a Selection Committee, which is made up of a group of young people from around the city. The Selection Committee will review all applications, interview selected candidates and make the final selections.

### Council Structure

The DCYAC is made up of 32 volunteer members selected to seek a broad range of diversity across ethnicity, geography, religion, sexuality, gender and other relevant differences. Specifically, there will be 24 representatives from the Wards, (3 per Ward), 4 from the Juvenile Justice System, and 4 from Foster Care. At least one representative from Juvenile Justice and one from Foster Care must reside in a group home.

### Membership Criteria

All members of the DCYAC should meet the following criteria:

- > District residents between the ages of 13-22
- > Must have lived in the District for at least 1 year (not including a college dorm)
- > Community-based background (or value the community as a whole)
- > Awareness of what's going on in the sector of the community that they represent
- > Ability to bring and hear fresh perspectives about youth issues and concerns
- > Desire and ability to learn to communicate effectively (with peers and adults)
- > An ability to work constructively in a group setting
- > Responsible and able to follow through on commitments
- > Interest and capacity in developing leadership skills

# DC YOUTH ADVISORY COUNCIL

## APPLICATION FOR MEMBERSHIP / 2004-2005

Please complete the application by printing in blue or black ink or typing. Please include two letters of recommendation with your completed application, one from an adult, and one from a young person (age 13-22). All applications must be received by **Friday, July 2nd, 2004**. Send applications to:

### DC YOUTH ADVISORY COUNCIL

#### DC Commission on National and Community Service

441 4th Street, NW, Suite 200 South,  
Washington, DC 20001

**Questions?** Call Terika Easley at (202) 727-7976  
or email: dcyac@dc.gov / website: www.cnscs.dc.gov

### General Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_ Ward: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Male ☐ Female  
Graduation Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/Training Program: \_\_\_\_\_

#### Are You Employed?

☐ Yes ☐ No (If yes, check the appropriate box) ☐ Part-time ☐ Full-time

#### Parent/Guardian Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Alternate Emergency Contact Name: \_\_\_\_\_  
Alternate Emergency Contact Daytime Phone: \_\_\_\_\_

#### Ethnicity:

- ☐ African-American or Black  
☐ Hispanic or Latino  
☐ American Indian & Alaskan Native  
☐ Caucasian or White  
☐ Native Hawaiian & Pacific Islander  
☐ Asian  
☐ Other: \_\_\_\_\_  
☐ N/A

#### I am applying to the DC Youth Advisory Council to (select one option):

- ☐ Represent my ward, which is: 1 2 3 4 5 6 7 8 (Please circle one)  
☐ Represent Juvenile Justice (If you select this category and you live in a group home select this box) ( ☐ )  
☐ Represent Foster Care (If you select this category and you live in a group home select this box) ( ☐ )



**Part I** - WHAT ARE THE THREE MOST IMPORTANT ISSUES THAT AFFECT THE YOUNG PEOPLE OF THE DISTRICT OF COLUMBIA?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Part II** - SELECT ONE OF YOUR ISSUES FROM ABOVE.

IF YOU WERE IN A POSITION OF LEADERSHIP IN THE CITY, HOW WOULD YOU ADDRESS THIS ISSUE?

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

**Part III** - WHY SHOULD YOU BE CHOSEN TO SERVE AS A MEMBER OF THE DC YOUTH ADVISORY COUNCIL?

WHAT PERSONAL SKILLS & CHARACTERISTICS CAN YOU BRING TO THE DCYAC?

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

**Part IV** - PLEASE LIST THE ACTIVITIES THAT YOU ARE INVOLVED IN.

[INCLUDE IN SCHOOL, AFTER SCHOOL, HOME & EMPLOYMENT ACTIVITIES.]

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

I Certify that the information I've given is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you receive this application?: \_\_\_\_\_



**Part V** - Below you will find a peer and adult recommendation form. Please have one peer and one adult, who are not related to you, and know you well, complete the recommendation and have them return it to the DCYAC Selection Committee.

## DC YOUTH ADVISORY COUNCIL / PEER AND ADULT RECOMMENDATION FORM

APPLICANT'S NAME: \_\_\_\_\_

The above applicant has asked you to complete this form to explain why you believe they should be a member of the DC Youth Advisory Council. The Council is the body that will work with city and community leaders to represent youth perspective on policies, programs and actions that affect young people.

This recommendation is to be filled out by a person who is not related to the applicant. Please complete, sign and place this recommendation in a sealed envelope and return it by **Friday, July 2nd, 2004**. Send recommendations to:

### DC YOUTH ADVISORY COUNCIL

#### DC Commission on National and Community Service

441 4th Street, NW, Suite 200 South,  
Washington, DC 20001

**Questions?** Call Terika Easley at (202) 727-7976  
or email: [dcyac@dc.gov](mailto:dcyac@dc.gov) / website: [www.cnscs.dc.gov](http://www.cnscs.dc.gov)

## PEER RECOMMENDATION

Please provide the following information about yourself so that we may contact you if necessary.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Why would you recommend the applicant for this position?

(PLEASE ANSWER QUESTIONS ON A SEPARATE SHEET OF PAPER AND RETURN TO THE DCYAC WITH THE REQUESTED INFORMATION)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADULT RECOMMENDATION

Please provide the following information about yourself so that we may contact you if necessary.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Why would you recommend the applicant for this position?

(PLEASE ANSWER QUESTIONS ON A SEPARATE SHEET OF PAPER AND RETURN TO THE DCYAC WITH THE REQUESTED INFORMATION)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

